

CRITERIA FOR PRIOR AUTHORIZATION

Implanted Androgen Hormone Agents

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug(s) require prior authorization:
Testosterone Implant (Testopel®)

CRITERIA FOR PRIOR AUTHORIZATION: (must meet all of the following)

- Patient must have one of the following diagnoses:
 - Primary hypogonadism (congenital or acquired)
 - Primary hypogonadism (testicular failure) due to conditions such as (but not limited to) cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol or heavy metals
 - Hypogonadotropic hypogonadism (congenital or acquired)
 - Hypogonadotropic hypogonadism due to (but not limited to) idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation
 - Delayed puberty
- Must be prescribed by or in consultation with an endocrinologist
- Patient must be a male
- Patient must have serum testosterone < 300 ng/dL

PATIENT MUST MEET INITIAL CRITERIA FOR RENEWALS

LENGTH OF APPROVAL 12 months